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APPLICANTS

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** CONTINUING DATA *****
 NONE SB

** FOREIGN APPLICATIONS *****
 NONE SB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ID	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Spencer</i>	INITIALS <i>SB</i>		

Verified and
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TITLE
 Flocked foam lotion applicator

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